1	2	3
22.	Haryana	6
23.	Karnataka	29
24.	Kerala	7
25.	Maharashtra	0
26.	Punjab	16
27.	Tamil Nadu	29
28.	West Bengal	0
29.	Andaman and Nicobar Islands	0
30.	Chandigarh	1
31.	Dadra and Nagar Haveli	0
32.	Daman and Diu	1
33.	Delhi	0
34.	Lakshadweep	0
35.	Puducherry	2
	TOTAL	354

Increase in maternal mortality rate

1323. SHRIMATI VIPLOVE THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that maternal mortality rate has been constantly increasing in the country;

(b) if so, the reasons therefor;

(c) the details of maternal mortality rate during the year 2008-09, State-wise; and

(d) the steps Government has taken to reduce maternal mortality rate in the country during the years 2008-09 and 2009-10?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) No. As per the Sample Registration System (SRS) data released by the Registrar General of India (RGI), the Maternal Mortality Ratio (MMR) for the country has come down from 301 per 100,000 live births in the years 2001-03 to 254 per 100,000 live births in the years 2004-06. Since the estimates for MMR requires large sample size, so RGI releases these estimates only periodically. The comparative details of state-wise estimates for MMR as released by RGI is placed in statement (*See* below).

The National Rural Health Mission (NRHM) (2005-2012) and under its umbrella, the Reproductive and Child Health Programme Phase II, launched by the Government of India in the year 2005, aims to improve access for rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care in the entire country.

The strategies and interventions being implemented by the Government under NRHM to accelerate the pace of reduction of maternal mortality are:

1. Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women;

2. Operationalizing Community Health Centers as First Referral Units (FRUs) and Primary Health Centers for round the clock (24x7) services

3. Augmenting the availability of skilled manpower by means of different skill-based training such as Skilled Birth Attendance; training of MBBS Doctors in Life Saving Anesthetic Skills and Emergency Obstetric Care including Caesarean Section.

4. Provision of Ante-natal and Post Natal Care services including prevention and treatment of Anaemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation.

5. Organizing Village Health and Nutrition Days (VHNDs) at Anganwadi Centers which also includes health and nutrition education to pregnant and lactating mothers.

6. Appointment of an Accredited Social Health Activist (ASHA) to facilitate accessing of health care services by the community including pregnant women

7. Systems strengthening of health facilities through flexible funds at sub Centres, Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals.

Details of Maternal Mortality Ratio India and State wise

Major State	MMR (1997-98)	MMR (1999-07)	MMR (2001-03)	MMR (2004-06)
1	2	3	4	5
India Total*	398	327	301	254
Assam	568	398	490	480
Bihar/Jharkhand	531	400	371	312

1	2	3	4	5
Madhya Pradesh/ Chhattisgarh	441	407	379	335
Orissa	346	424	358	303
Rajasthan	508	501	445	388
Uttar Pradesh/Uttaranchal	606	539	517	440
Andhra Pradesh	197	220	195	154
Karnataka	245	266	228	213
Kerala	150	149	110	95
Tamil Nadu	131	167	134	111
Gujarat	46	202	172	160
Haryana	136	176	162	186
Maharashtra	166	169	149	130
Punjab	280	177	178	192
West Bengal	303	218	194	141
Others	—	276	235	206

*: Includes Others

(Source: RGI, (SRS), 1997-98, 1999-'01, 2001-'03, 2004-'06)

Cultivation and production of medicinal plants

1324. DR. GYAN PRAKASH PILANIA:
SHRI LALIT KISHORE CHATURVEDI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the statistics of cultivation and production of medicinal plants; particularly Senna (Sonmukhi), Isabgol, Ashwgandha and Amla, in Rajasthan, during the last three years;

(b) the average yield per hectare of each crop, in Rajasthan year-wise, and how does it compare with best yield performance in the country;

(c) whether there is abnormal fluctuation in yield, and the reasons therefor;

(d) the average income to the farmer, per hectare, year-wise, for each crop and whether it could be termed 'remunerative';

(e) whether it is not desirable to fix Minimum Support Price (MSP) to boost their production; and